STI delivers

P.O. Box 80520
Fort Wayne, IN 46898-0520
www.stidelivers.com

(8)

AREA CODE (260) 429-3801

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

NOT NEGOTIABLE

CONTRACT NUMBER GR3584

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
N30109 003	7743/7743				PUD DEL	

ITEM SSEG D

FROM
SHIPPER: POWELL VALLEY HEALTH ST. 777 AVENUE H
CITY/ST.: POWELL WY ZIP 82435 NOTIFY/ PHONE: LISA 307-754-1294
COUNTY:

TO
SHIPPER: ETTIN GROUP WAREHOUS ST. 1345 HAMILTON P
CITY/ST.: ITASCA IL ZIP 60143 NOTIFY/ PHONE:
COUNTY:

RECEIVED, SUBJECT TO CLASSIFICATIONS, TARIFFS, RULES AND REGULATIONS INCLUDING ALL TERMS PRINTED OR STAMPED HEREON OR ON THE REVERSE SIDE HEREOF IN EFFECT ON THE DATE OF ISSUE OF THIS BILL OF LADING.

*CHARGES STATED HEREIN ARE ESTIMATES ONLY. ACTUAL CHARGES ARE BASED UPON THE APPLICABLE TARIFF.

TO
NAME: COMPUTER TRANSPORTAT ADDR. 103 MOVELT DR
BREDA IA 51436 ATTN: P.O./ NO.

ECIAL INSTRUCTIONS

'C CNT 1
KUP TIME 08:00-16:30AM DELV TIME 09:00-15:0
1) MAMMO PRINTER
SED: COPIERS: PACKAGING LOOSE
RIVE WILL NEED TO HAVE A PALLET JACK, BIG R
Y ON THE TRUCK AT ALL TIMES
OCK: TTA: CALL 24 / 1 HOUR PRIOR TO PICKUP:
NCE WRIGHT WOOD MEDICAL: LISA'S CELL 307-25
OCK: TTA: CALL 24 / 1 HOUR PRIOR TO DELIVER
CONTACT: RAFAEL'S CELL 847-717-7600

**PADS AND STRAPS ARE REQUIRED AT THE TIME
ING*** DRV DOES NOT FILL IN THE DOLLAR
ON FORM 365- * DRIVER + HELPER *
PECIAL INSTRUCTIONS CONTINUED ON NEXT PAGE

No Tarper
no SF
inbound

NO EXCEPTIONS
to Property Damage
Customer Initials
JT

BILLING INSTRUCTIONS: Charges payable by certified check or cashier's check (per tariff) made payable to STI at
☐ Origin ☐ Before delivery ☐ Carrier shall bill above party

WEIGHT	ORIGINAL	REWEIGH
GROSS		
TARE		
NET		

Shipper: The tare weight of the vehicle (including the shipments on board) must be entered on the line prior to loading your shipment on the vehicle.

Shipment consists solely of containers or machinery and shipper certifies the total weight of the shipment to be: _____ pounds.

Shipper Signature: _____

SHIPPER'S SIGNATURE FOR SPECIAL SERVICES

X _____ Expedited service ordered by shipper. Deliver on or before _____

Selected delivery date service ordered by shipper

X _____ Deliver on or before _____ DATE _____ AGREED WEIGHT

X _____ Shipment completely occupied a _____ cu. ft. vehicle

X _____ Exclusive use of a _____ cu. ft. vehicle ordered

X _____ Space occupied _____ cu. ft. (@ 7lbs./cu. ft.)

DATE	PTS ID/INITIALS	LOCATION	TIME

IG: Arrive: _____ Depart: _____ Van Crew(#): _____ Initials _____
ST: Arrive: _____ Depart: _____ Van Crew(#): _____ Initials _____

ı. NAME	PHONE #	DATE
T. NAME	PHONE #	DATE
R-	PHONE #	DATE

VALUATION STATEMENT

This shipment is released to Carrier upon the terms and conditions and limitation of liability contained in the applicable tariff, unless otherwise noted hereon by an authorized Carrier representative. If the shipper desires to increase Carrier's liability, the shipper must contact the Carrier representative that registered the shipment with Carrier and obtain Carrier's approval for such increased liability. CARRIER'S DRIVER IS NOT AUTHORIZED TO CHANGE THE TERMS AND CONDITIONS, INCLUDING WITHOUT LIMITATION CARRIER'S LIABILITY, APPLICABLE TO THE SHIPMENT. Carrier shall have no liability above the released value contained in the tariff if Carrier has not agreed in advance to such increased liability and the shipper has not paid the increased rate applicable thereto.

AL **PIECE COUNT** PER ATTACHED CRIPTIVE INVENTORY IS:

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

REDMAN VAN 7445 [illegible]
GINGER UT 7445 1

PIECE COUNT

BY 1st _____ CODE _____
f off & code _____ DATE _____
BY 2nd _____ CODE _____
off & code _____ DATE _____
BY 3rd _____ CODE _____
off & code _____ DATE _____
BY 4th _____ CODE _____
off & code _____ DATE _____
nv. y _____ CODE _____

AUTHORIZED PICK UP CODE _____
APU DATE _____

GR35
CONTRACT NO.

PAYMENT RECEIVED
BY _____
AMOUNT _____
DATE _____
CK # _____
BANK NAME _____
BANK ADDRESS _____

X _____ CONSIGNEE

DELIVERY ACKNOWLEDGEMENT: All listed services were rendered and the property described has been received in apparent good condition except as noted on other shipping documents.

CONSIGNEE PRINTED NAME _____ ACTUAL DELIVERY DATE ___/___/___

NET WEIGHT	MILES	RATE	CHARGES	CODE
OTHER ACCESSORIALS-LIST	TYPE	QTY.		
		TOTAL CHARGES		

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

PAGE

Original - If charges are C.O.D., record collection, and give this copy to shipper. Otherwise, driver mail this copy to Ft. Wayne.

Form STI-DP 379 07/09

5/16 (2)